Maricopa Association of Governments (MAG)
PROGRAM QUALITY MONITORING TOOL
Coordinated Entry (CE)

Purpose

The Maricopa Association of Governments (MAG), through their role as the Collaborative Applicant for the Continuum of Care (CoC), is responsible for monitoring recipient and subrecipient performance, evaluating outcomes, and taking action to remedy poor performance (24 CFR § 578.7). While it is the responsibility of each individual CoC grant recipient to ensure they are in compliance with the CoC Interim Rule and other applicable U.S. Department of Housing and Urban Development (HUD) regulations, MAG provides technical assistance to CoC recipients to support regulatory compliance. To this end, MAG has developed this tool to evaluate the Coordinated Entry Lead Agency on operation, management, maintenance, and success of the Coordinated Entry system.

The standards considered in this tool are drawn from the CoC's adopted standards and policies as set forth in the Governance Charter, as well as recommended operational standards drawn from organizations such as the National Alliance to End Homelessness.

Instructions

Please respond to each item by checking **yes**, **no**, or **not applicable**. Where indicated, space is available to enter explanatory or clarifying notes, or to ask questions.

Completed Program Quality forms and the required attachments listed at the beginning of the tool must be returned within 30 days of receipt. Please submit all materials to MAG staff at **HSinfo@azmag.gov**. If this timeline cannot be met or if there are any other questions or concerns, please feel free to reach out to MAG staff for assistance.

Agency Information		
Recipient Name (Organization Name):		
Form Completion Date:		
Program Contact Name:		
Program Contact Phone:		
Program Contact Email:		
List of CoC Grants		
Grant Name	**Grant Number**	**Grant Contract Timeline**

Required attachments:

- Policies and Procedure Manual
- Grievance Policy
- Monitoring or Compliance Tool for Coordinated Entry Access Points

Please answer the following questions for the current operating year.

ACCESS	YES	NO	N/A
1. Do you assist all unsheltered households in connecting with available shelter?			
2. Do you inform access points of needing to offer people clear opportunities to request accommodations including language, comprehension, and accessibility?			
3. Do you provide easily accessible applications for agencies interested in becoming Access Sites?			
4. Do you review submitted applications and provide notice of approvals/denials in a timely manner?			
5. If applications are denied, do you notify the applicant of the appeals process?			
6. Do you have a policy outlining the process for onboarding new Access Points?			
7. Does the process for onboarding new access points contain the following information?			
a. Paperwork needed for operation			
b. Making changes to data in HMIS			
c. Training on administering the VI-SPDAT			
8. Do you host a recurring meeting for access points?			
a. If yes, how often do these meeting occur?			
9. Do you provide ongoing TA to access points?			
10. Do you conduct annual monitoring for compliance of all access points?			
11. At least annually, do you conduct an evaluation on the geographic coverage of access points?			
12. At least annually, do you conduct an evaluation on the coverage of access points ensuring there are providers open at varying hours?			
13. At least annually, do you conduct an evaluation on access point coverage pertaining to racial and ethnic diversity and special population needs?			

Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.

ASSESSMENT	YES	NO	N/A
14. Do you ensure households are assessed with the assessment that most closely matches the household (VI-SPDAT, Family VI-SPDAT, TAY-SPDAT)?			
15. Do you follow up with agencies that have contacted and enrolled clients that are not assessed on the By Name List?			
16. Do you ensure access points are updating assessments every 6 months or if a material change within a household has occurred?			
17. Do you provide ongoing trainings for access points to ensure consistency in administering assessments across Participating Agencies?			
a. If yes, how often do you hold these trainings?			
18. Do you annually review the data entered by access points to ensure consistency across Participating Agencies?			

Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.

Case Conferencing	YES	NO	N/A
19. Do you hold case conferencing meetings on a weekly basis?			
20. Do you have a client attestation for all programs that participate in case conferencing?			
21. Is case conferencing effectively addressing the following goals?			
a. Reviewing the priority list and referring into Navigation services according to the Coordinated Entry prioritization scale.			
b. Facilitating the transfer of clients from one navigator service to another, as needed.			
c. Discussing progress in gathering documentation and working with clients that are waiting to be matched to housing.			
d. Preventing the duplication of navigator services.			
e. Appealing or reviewing VI-SPDAT or other scoring or special needs considerations.			
22. Are case conferencing notes captured and reflected on an ongoing basis?			
23. Do you ensure that all Participating Agencies are participating in Case Conferencing?			

24. Are you providing opportunity for Participating Agencies to bring up clients that should be Progressively Engaged?			

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PRIORITIZATION	YES	NO	N/A
25. Are households prioritized through the following criteria?			
a. Type of Intervention			
b. Household is experiencing chronic homelessness.			
c. The length of time in which a household has resided in a place not meant for human habitation, a safe haven, and/or an emergency shelter.			
d. The severity of the household's service needs as measured by the VI-SPDAT.			

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REFERRALS	YES	NO	N/A
26. Do you actively maintain a real-time inventory of available housing stock that can be used in the housing match process?			
27. Is the Housing Match process effectively matching households to programs, taking into consideration eligibility requirements?			
28. Do you provide referrals to Participating Agencies and facilities to expedite and inform housing placement?			
29. Do you actively maintain an understanding of program requirements and eligibility for Participating Agencies?			
30. Do you follow up on the status of referrals made?			
31. Do you regularly generate community wide reports to track housing placements and service connections?			

Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.

PARTICIPANT INVOLVEMENT	YES	NO	N/A
32. Do you offer opportunities to measure household satisfaction and gather feedback through surveys, assessments and/or focus groups?			
33. Do you involve homeless/ formerly homeless individuals on the board of directors or other equivalent policy/decision making entity?			
34. Do you have a grievance policy in place?			
35. Do you offer support in mediation of grievances made to Participating Agencies concerning the Coordinated Entry system?			
Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.			

EQUITY & INCLUSION	YES	NO	N/A
36. Does your organizational staffing reflect the racial and ethnic diversity of the homeless response system?			
37. Does your board composition reflect the racial and ethnic diversity of the homeless response system?			
38. Do you regularly review your program outcomes for racial disparities?			
39. Do you review your organizational policies and practices to identify strategies to reduce disparities?			
Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.			

STAFFING AND STAFF TRAINING	YES	NO	N/A
40. Do you employ multilingual staff?			
41. Do you employ and train on any of the practices and interventions below?			
a. Housing First			
b. Harm Reduction			
c. Critical Time Intervention			
d. Motivational Interviewing			
e. Trauma Informed Care			
42. Do you offer staff professional development in the following areas?			
a. Boundaries			
b. Communicable Diseases			
c. Conflict Resolution			
d. CPR/First Aid			

STAFFING AND STAFF TRAINING	YES	NO	N/A
e. Crisis Intervention			
f. Cultural, Gender, and Sexual Minority Competency			
g. De-escalation			
h. Emergency Health Response			
i. Fair Housing			
j. Mental Health First Aid			
k. Race Equity including Unconscious or Implicit Bias, Cultural Humility, or Restorative Justice			
l. Safety for both staff and participants			
m. Secondary Trauma			
n. Substance Abuse and Signs			
o. Symptoms of Overdose			
p. Trauma-Informed Care, Including Domestic Violence Sensitivity			
q. What to Do in Emergency Situations			
43. Do you provide all staff written job descriptions that include requirements that they focus on Coordinated Entry activities?			
44. Do you ensure that all staff maintain updated knowledge of community-based services (e.g., mainstream benefits, employment services, and childcare)?			
Please use this space to provide additional information for any responses within this section that need additional clarification or for any questions that are non-applicable to your program.			

AUTHORIZATION

By signing and submitting this form, I confirm the information provided above is complete and accurate to the best of my knowledge.

_____   _____

Signature   Date

_____   _____

Printed Name   Title

This document is to be maintained in the applicable CoC project file.